### FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

| 124                      | 11/2           |  |  |  |  |  |
|--------------------------|----------------|--|--|--|--|--|
| OMB APPROVAL             |                |  |  |  |  |  |
| OMB Number               | 3235-0076      |  |  |  |  |  |
| Expires:                 | April 30, 2008 |  |  |  |  |  |
| Estimated average burden |                |  |  |  |  |  |
| hours per response.      | 16.0           |  |  |  |  |  |

SEC USE ONLY

Serial

Prefix

| UNIFORM LIMITED OFFERING EXEMPTION  |
|---|
| Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  2006 Membership Interest Offering  |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: ☐ New Filing ☐ Amendment  |
| A. BASIC IDENTIFICATION DATA  |
| 1. Enter the information requested about the issuer   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Welton Street Investment Partners LLC/CO   |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 518 17 <sup>th</sup> St., 17 <sup>th</sup> Floor, Denver, CO 80202  (888)569-1031                       |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)                |
| Brief Description of Business Real estate brokerage  THOMSON  AUG 3 1 2000  |
| Type of Business Organization  corporation business trust  limited partnership, already formed  limited partnership, to be formed  other (please specify): Limited Dability Co. |
| Month Year  Actual or Estimated Date of Incorporation or Organization:  4   20    0   6   |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for the sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

V

SEC 1972 (6/02)

|   |                       | A. BASIC IDENT                 | IFICATION DATA                  |  | • • • •                              |
|---|-----------------------|--------------------------------|---------------------------------|--|--------------------------------------|
| 2. Enter the information re   | quested for the fol   | owing:                         |                                 |  |                                      |
| • Each promoter of th   | e issuer, if the issu | er has been organized within   | n the past five years;          |  |                                      |
| <ul> <li>Each beneficial owr<br/>the issuer;</li> </ul>                         | er having the pow     | er to vote or dispose, or dire | ect the vote or disposition of  | , 10% or more of a c                   | class of equity securities of        |
| Each executive office   | er and director of    | corporate issuers and of corp  | porate general and managing     | partners of partners                   | hip issuers; and                     |
| Each general and ma   | anaging partner of    | partnership issuers.           |                                 |  |                                      |
| Check Box(es) that Apply:   | Promoter              | Beneficial Owner               | Executive Officer               | ☐ Director                             | ☑ General and/or<br>Managing Partner |
| Full Name (Last name first,<br>Galt Investors LLC                               | if individual):       | <del>-</del>                   |                                 |  |                                      |
| Business or Residence Addr<br>518 17 <sup>th</sup> Street, 17 <sup>th</sup> Flo |                       | •                              | e):                             |  |                                      |
| Check Box(es) that Apply:   | Promoter              | Beneficial Owner               | Executive Officer               | Director                               | General and/or Managing Partner      |
| Full Name (Last name first, Quam, Mark D.                                       | if individual):       |                                |                                 |  |                                      |
| Business or Residence Addr<br>518 17 <sup>th</sup> Street, 17 <sup>th</sup> Flo |                       | •                              | <del>e</del> ):                 |  |                                      |
| Check Box(es) that Apply:   | Promoter              | Beneficial Owner               | Executive Officer               | Director                               | ☐ General and/or Managing Partner    |
| Full Name (Last name first,<br>K3 Ventures II LLC                               | if individual):       |                                |                                 |  |                                      |
| Business or Residence Addr<br>3573 E. Sunrise Dr., St                           |                       |                                | e):                             |  |                                      |
| Check Box(es) that Apply:   | Promoter              | Beneficial Owner               | ☐ Executive Officer             | Director                               | General and/or Managing Partner      |
| Full Name (Last name first,<br>Holualoa Global Inves                            |                       |                                |                                 |  |                                      |
| Business or Residence Addr<br>3573 E. Sunrise Dr., S                            |                       | •                              | <del>e</del> ):                 |  |                                      |
| Check Box(es) that Apply:   | Promoter              | Beneficial Owner               | Executive Officer               | Director                               | General and/or                       |
| Check Box(es) that Apply.   | Tromoter              | ⊠ Beneficial Owner             |                                 |  | Managing Partner                     |
| Full Name (Last name first,   | •                     |                                |                                 |  |                                      |
| BAB II Family Partner   |                       |                                |                                 |  |                                      |
| Business or Residence Adda<br>14 Sandy Lake Road, I                             |                       | -                              | e):                             |  |                                      |
| Check Box(es) that Apply:   | Promoter              | Beneficial Owner               | Executive Officer               | Director                               | General and/or Managing Partner      |
| Full Name (Last name first,   | if individual):       |                                |                                 |  |                                      |
| Business or Residence Add   | ress (Number and      | Street, City, State, Zip Code  | e):                             | ······································ |                                      |
| Check Box(es) that Apply:   | Promoter              | Beneficial Owner               | Executive Officer               | Director                               | General and/or Managing Partner      |
| Full Name (Last name first,   | if individual):       |                                |                                 |  |                                      |
| Business or Residence Add   | ress (Number and      | Street, City, State, Zip Code  | e):                             |  |                                      |
|   | Z7.1 - 1.1 - 1        |                                | (Alama) - 0 (1 2 - 2 - 2 )      |  |                                      |
|   | (Use blank            | . sneet, or copy and use add   | tional copies of this sheet, if | necessary.)                            |                                      |

|                              |  |  |   | B. II                       | NFORMAT   | TION ABO                       | UT OFFEI                    | RING                          |   |                               |                          | ,<br>E        |
|------------------------------|--|--|---|-----------------------------|---|--------------------------------|-----------------------------|-------------------------------|---|-------------------------------|--------------------------|---------------|
| 1. Has the                   | e issuer sold  | , or does the                              |   |                             |   | dited invest<br>umn 2, if fili |                             | _                             |   |                               |                          | Yes No<br>□ ⊠ |
| 2. What i                    | s the minim  | um investm                                 | ent that will                               | be accepte                  | d from any                                      | individual?                    |                             |                               |   | •••••                         |                          | \$-0-         |
|                              |  |  |   |                             |   |                                |                             |                               |   |                               |                          | Yes No        |
| 3. Does t                    | he offering p  | permit joint                               | ownership o                                 | of a single u               | ınit?   |                                |                             |                               |   | ••••••                        |                          |               |
| similar<br>an asso<br>or dea | the informate<br>remuneration<br>ociated person<br>ler. If more<br>ation for tha | on for solic<br>on or agent<br>e than five | itation of pu<br>of a broker<br>(5) persons | or dealer re<br>to be liste | connection<br>gistered with<br>d are associated | with sales<br>th the SEC       | of securitie<br>and/or with | s in the offe<br>a state or s | ering. If a pates, list the             | person to be<br>e name of the | e listed is<br>ne broker |               |
| Full Name                    | (Last name   | first, if indi                             | vidual)                                     |                             |   |                                |                             |                               |   |                               |                          |               |
| Business o                   | r Residence  | Address (N                                 | Number and                                  | Street, City                | , State, Zip                                    | Code)                          |                             | <del></del>                   |   |                               |                          |               |
| Name of A                    | ssociated Bi   | roker or Dea                               | aler  |                             |   |                                |                             |                               | •                                       |                               |                          |               |
|                              | /hich Persor   |  |   |                             |   |                                |                             |                               |   |                               |                          | All States    |
| [AL]                         | [AK]   | [AZ]                                       | [AR]  | [CA]                        | [CO]  | [ CT ]                         | [DE]                        | [DC]                          | [FL]                                    | [GA]                          | [ HI ]                   | [ ID ]        |
| [ IL ]                       | [ IN ]   | [ IA ]                                     | [KS]  | [KY]                        | [LA]  | [ME]                           | [MD]                        | [MA]                          | [ MI ]                                  | [MN]                          | [MS]                     | [MO]          |
| [MT]                         | [NE]   | [NV]                                       | [NH]  | [ NJ ]                      | [NM]  | [NY]                           | [NC]                        | [ND]                          | [OH]                                    | [OK]                          | [OR]                     | [ PA ]        |
| [ RI ]                       | [ SC ]   | [ SD ]                                     | [TN]  | [TX]                        | [UT]  | [VT]                           | [VA]                        | [WA]                          | [WV]                                    | [ WI ]                        | [WY]                     | [ PR ]        |
| Full Name                    | (Last name   | first, if indi                             | vidual)                                     |                             |   |                                |                             |                               |   |                               |                          |               |
| Business o                   | r Residence  | Address (N                                 | Number and                                  | Street, City                | , State, Zip                                    | Code)                          |                             |                               |   |                               |                          |               |
| Name of A                    | ssociated B  | roker or De                                | aler  |                             |   |                                |                             |                               |   |                               |                          |               |
|                              | Which Persor   |  |   |                             |   |                                | •••••                       |                               |   |                               |                          | ☐ All States  |
| [ AL ]                       | [AK]   | [ AZ ]                                     | [AR]  | [CA]                        | [CO]  | (CT)                           | [DE]                        | [DC]                          | [ FL ]                                  | [GA]                          | [ HI ]                   | [ ID ]        |
| [ IL ]                       | [ IN ]   | [ IA ]                                     | [KS]  | [KY]                        | [LA]  | [ME]                           | [MD]                        | [MA]                          | [ MI ]                                  | [MN]                          | [MS]                     | [MO]          |
| [MT]                         | [NE]   | [NV]                                       | [NH]  | [ NJ ]                      | [NM]  | [NY]                           | [NC]                        | [ND]                          | [OH]                                    | [OK]                          | [OR]                     | [PA]          |
| [ RI ]                       | [ SC ]   | [SD]                                       | [TN]  | [TX]                        | [ UT ]  | [VT]                           | [VA]                        | [WA]                          | [WV]                                    | [ WI ]                        | [WY]                     | [ PR ]        |
| Full Name                    | (Last name   | first, if indi                             | vidual)                                     |                             |   |                                |                             |                               |   |                               |                          |               |
| Business of                  | r Residence  | Address (1                                 | Number and                                  | Street, City                | y, State, Zip                                   | Code)                          |                             |                               |   |                               |                          |               |
| Name of A                    | ssociated B  | roker or De                                | aler  |                             |   |                                |                             |                               |   |                               |                          |               |
| States in V                  | Vhich Person   | n Listed Has                               | s Solicited o                               | or Intends to               | Solicit Pur                                     | rchasers                       |                             |                               |   |                               |                          |               |
|                              | k "All States  |  |   |                             |   |                                | •••••                       |                               | *************************************** |                               |                          | ☐ All States  |
| [ AL ]                       | [AK]   | [ AZ ]                                     | [AR]  | [CA]                        | [CO]  | [CT]                           | [DE]                        | [DC]                          | [ FL ]                                  | [GA]                          | [ HI ]                   | [ ID ]        |
| [ IL ]                       | [ IN ]   | [ IA ]                                     | [KS]  | [KY]                        | [LA]  | [ME]                           | [MD]                        | [MA]                          | [ MI ]                                  | [MN]                          | [MS]                     | [MO]          |
| [MT]                         | [ NE ]   | [NV]                                       | [NH]  | [ NJ ]                      | [NM]  | [NY]                           | [NC]                        | [ND]                          | [OH]                                    | [OK]                          | [OR]                     | [PA]          |
| [ RI ]                       | [ SC ]   | [SD]                                       | [TN]  | [TX]                        | [UT]  | [VT]                           | [VA]                        | [WA]                          | [WV]                                    | [WI]                          | [WY]                     | [ PR ]        |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Amount Aggregate Offering Price Already Sold Common Preferred Partnership Interests \$\_\_\_\_\_\_\_\$ 4,000,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Aggregate Dollar Amount of Purchases Accredited Investors..... Non-accredited Investors. Total (for filings under Rule 504 only).... 860,000 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A \_\_\_\_\_\_ Rule 504..... Total \_\_\_\_\_\_\_ 0.00 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... $\boxtimes$ 1,000 Legal Fees Ø 10,000 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)..... П Other Expenses (identify)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total

図

11,000

| C. OFFERING PRICE   | E, NUMBER OF INVESTORS, EXPENSES AN  | D USE OF PROCEEDS                                      |                       |
|---|--|--|-----------------------|
| b. Enter the difference between the aggregatotal expenses furnished in response to E proceeds to the issuer." | \$3,989.000  |  |                       |
| each of the purposes shown. If the amount   | ross proceeds to the issuer used or proposed to be a for any purpose is not known, furnish an estimate a of the payments listed must equal the adjusted gro-Question 4.b. above. | nd check   |                       |
|   |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others |
| Salaries and Fees   |  | . 🗆 \$   | <b>S</b>              |
|   |  |  |                       |
|   | on of machinery and equipment  |  | D \$                  |
|   | gs and facilities  |  |                       |
| Acquisition of other businesses (includi  | ng the value of securities involved in this offering   | \$   | \$                    |
|   | sets or securities of another issuer pursuant to a   | •  |                       |
| <del>-</del> '  |  |  | П \$                  |
| • •   |  |  |                       |
|   | tribution to Welton Street Investments Group LLL   |  | □ \$                  |
| ( )   |  |  | <b>—</b>              |
|   |  |  |                       |
|   |  |  | □ \$                  |
| Total Payments Listed (column totals ac   | ided)  | 🛚 🖾 \$3,   | 989,000               |
|   |  | va   |                       |
|   | D. FEDERAL SIGNATURE   |  |                       |
| gnature constitutes an undertaking by the issue   | ned by the undersigned duly authorized person. If er to furnish to the U.S. Securities and Exchange excredited investor pursuant to paragraph (b)(2) of R                        | Commission, upon writte                                |                       |
|   | 1/42   | 8130104  |                       |
| Name of Signer (Print or Type)  | Title of Signer (Print or Type)  |  |                       |
| Mark D. Quam  | Welton Street Investment Partners LLC By: Galt Investors LLC, its Manager  |  |                       |
|   | By: Mark D. Quam, Manager  |  |                       |
|   | Dy. Mark D. Quart, Mariager  |  |                       |
|   |  |  | <u>-</u>              |
|   |  |  |                       |
|   |  |  |                       |
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|   |  |  |                       |
|   |  |  |                       |
|   |  | ·  |                       |
|   | ATTENTION  |  |                       |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)